STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	10/11/2012

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CROWNPOINTE OF INDIANAPOLIS	7365 E 16TH ST INDIANAPOLIS, IN 46219

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R0000	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00117590. This visit was in conjunction with the Investigation of Complaint IN00117802 Complaint IN00117590 - Substantiated. State residential deficiencies related to the allegations are cited at R064. Survey dates: October 9, 10 & 11, 2012 Facility number: 005729 Provider number: 005729 AIM number: N/A Survey team: Diana Zgonc, RN-TC Connie Landman, RN Census bed type: Residential: 53 Total: 53 Census payor type: Other: 53 Total: 53 Sample: 8	R0000	Neither signing nor submission of this plan of correction shall constitute an admission of any deficiency or of any fact or conclusion set forth in the "Statement of Deficiences". This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	These state residential findings are cited in accordance with 410 IAC 16.2. Quality review completed on October 16, 2012 by Bev Faulkner, RN			

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R0064	410 IAC 16.2-5-1.2(hh) Residents' Rights- Noncompliance (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on record review and interview, the facility failed to ensure a resident's money was protected from misappropriation of use by an employee for 1 of 3 residents reviewed for misappropriation of funds (Resident 'B'). Findings include: A current undated facility policy titled "Abuse" and provided by the Administrator on 10/10/12 at 1:30 P.M., indicated, "Policy: This facility shall observe the resident's right to remain free from verbal, sexual, physical and mental abuse, mistreatment, neglect, corporal punishment and involuntary seclusion. ... Misappropriation of Resident Property Deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent." The record for Resident 'B' was reviewed on 10/9/12 at 1:00 P.M.	R0064	On 9/5/12 Resident B was provided transportation to his bank to block all debits on the compromised bank account. At the time of submission of this Plan of Correction, there is an ongoing open case being investigated by IMPD (Indianapolis Metropolitan Police Department).No other residents have been identified as affected.On 10/12/12 a Resident Meeting was conducted by the Executive Director to inform residents of a new procedure for assisted shopping.Resident assisted shopping will be conducted by selected staff appointed by the Executive Director. A procedure to monitor the assisted shopping has been developed and includes only purchases made with cash.The Executive Director or designee will monitor the new shopping procedure by a random review of a minimum of 50% of staff-assisted shopping, on a weekly basis for 4 weeks, then bi-weekly for 4 weeks, then monthly ongoing, if no issues have arisen.	10/29/2012

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	Diagnoses for Resident 'B' included but were not limited to, hypertension, hiatal hernia, kidney failure, anemia and mytonic dystrophy. During an interview with Resident 'B' on 10/10/12 at 3:30 P.M., he indicated the Activity Director had taken his bank card on 8/31/12 to do some shopping for him. She brought back the items requested, but did not return his bank card. He indicated someone called the facility later and told him they were "using my bank card without my permission." On Saturday September 8, 2012 it was reported to the facility that the resident's card was being used for charges not authorized by the resident. The following are charges known to be unauthorized by the resident: Finish-Line $128.39 Burlington Coat 106.93 Walmart 93.96 Murphy's @ Walmart 52.93 (Walmart gas station) Walmart 196.47 Admiral Petroleum 10.26 McDonald's 8.72 This list is not all inclusive as the investigation is still ongoing and more unauthorized charges may be discovered.			

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	During an interview with the Ombudsman on 10/9/12 at 11:55 A.M., she indicated she had been notified by the facility of the unauthorized charges and had already interviewed the resident. She also indicated the facility had also notified the police department and Adult Protective Services about the incident. During an interview with the Administrator on 10/9/12 at 3:45 P.M., she indicated she was notified by the receptionist on 9/8/12 someone had called the facility and stated a staff member was using a resident's bank card without permission. We notified the police, the resident's bank, APS, the ombudsman and notified the state agency. The Activity Director and CNA #4 were questioned regarding the allegation. The Administrator indicated CNA #4 was placed on suspension pending the investigation, but the Activity Director wrote a statement then left her keys, exited the facility and has not returned. The Administrator stated, "we have assumed she quit." She also indicated this is still an on going investigation that has been turned over to the police. We are working with Resident 'B' to determine how much money was taken. Once the resident has been reimbursed totally from the bank, we will submit			

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	other unauthorized charges to Corporate office to see what they will reimburse him. Staff has been inserviced that resident's money and billing information is to be taken care of the the business office staff and is going. The facility investigated the allegations and found them to be accurate. One employee involved quit and a second employee is on suspension pending the final investigation. Notification of the allegation of theft of the resident's money was provided to the Ombudsman, APS, ISDH and IMPD Indianapolis Metro Police Department). Investigation is still ongoing. This Residential Finding relates to Complaint IN00117590.			

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R0092	410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance (i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows: (1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms. (2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present. Based on record review and interview, the facility failed to ensure the fire drills were completed according to the state guidelines for 4 of 12 fire drills reviewed. Findings include: During an interview with the Administrator on 10/11/12 at 10:09 A.M., she indicated she was not aware inservicing could not be used in place of the fire drills. She indicated "We don't	R0092	No residents were found to be affected by this deficient practice.All residents could have been affected by this deficient practice.In-service was conducted on 10/25/2012 to educate management staff of the requirements necessary to meet R092.An annual fire/disaster plan has been developed to ensure quarterly fire drills on each shift, for an annual total of 12 fire drills per year.Copies of all drills will be provided to the Executive Director or designee for review of time and	10/29/2012

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	have a policy, we just use the state's guideline." The record lacked documentation of fire drills being completed for the following time periods: July - September 2012 no documentation for a 3rd shift fire drill. April - June 2012 no documentation for a 3rd shift fire drill. January - March 2012 no documentation for a 3rd shift fire drill. October - December 2011 no documentation for a 2nd shift fire drill.		shift to ensure R092 requirement is met.Ongoing	

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R0121	410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings. (4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.			

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	Based on record review and interview, the facility failed to ensure new staff hired were given first and/or second step PPDs (skin test for tuberculosis screening) before they had contact with residents for 2 of 3 new employees reviewed for PPD testing (LPN #2, Dietary Manager #3). Findings include: Employee files were reviewed on 10/10/12 at 2:30 P.M. LPN #2 was hired and her start date was 8/28/12. She had a first step PPD on 7/20/12. The second step PPD was administered on 9/24/12. Dietary Manager #3's start date was 6/27/12. The first step PPD was administered on 7/6/12, and the second step on 7/27/12. During an interview on 10/9/12 at 2:30 P.M., LPN #2 indicated she was unaware of what the regulation was for PPDs. A facility policy, dated 12/03, titled "Employee Health Communicable Disease", provided by the Administrator on 10/11/12 at 8:30 A.M., indicated: "... 1.) Screening a, All employees will undergo tuberculosis screening when hired by this	R0121	No residents were adversely affected.All residents had the potential to be adversely affected.All new employees will have a TB screen via Mantoux method, or as warranted via CXR, prior to resident contact."New Employee" orientation checklist shall include pre-employment screenings, including TB screen, checklist will include employee signature and date, as well as the signature and date of the Executive Director or designee.Ongoing	10/29/2012

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	facility...." During an interview on 10/11/12 at 11:00 A.M., the Administrator indicated the policy was being changed to include the regulation for TB screening.			

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R0408	410 IAC 16.2-5-12(c) Infection Control - Noncompliance (c) Each resident shall have a diagnostic chest x-ray completed no more than six (6) months prior to admission. Based on record review and interview, the facility failed to ensure an admission chest x-ray was done at the time of, or within 6 months of admission to the facility for 1 of 6 residents reviewed for chest x-rays in a sample of 8 (Resident # 17). Findings include: The record for Resident # 17 was reviewed on 10/9/12 at 12:35 P.M. Diagnoses included, but were not limited to, diabetes mellitus, end stage renal disease, chronic obstructive pulmonary disease, hypertension, anemia, and chronic ischemic heart disease. Resident # 17 was admitted to the facility on 8/30/12. The "TB Screening/Risk Assessment" form from Resident # 17's previous facility, obtained by the facility on 10/9/12 at 1:29 P.M., indicated a chest x-ray was done on 10/6/11. The record lacked documentation of any other chest x-ray being done in the 6	R0408	The deficient practice identified cannot be corrected for Resident 17.No adverse effects have been identified for Resident 17 or other current residents.The community will ensure that an admission CXR is completed for all new admissions, at the time of, or within 6 months of admission.A review of all current residents was conducted to ensure compliance with R0408.A "New Resident Pre-Admission" procedure was developed to include admission CXR.New Resident Pre-Admission procedure checklist will be reviewed for completion by Executive Director or designee, prior to Admission.Ongoing.	10/29/2012

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	months prior to admission to the facility. During an interview with the RCS (Resident Care Supervisor) on 10/9/12 at 1:00 P.M., she indicated she was unaware of what the regulations required, or that she could request PPD (tuberculosis skin testing) and chest x-ray information from a previous facility.			

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R0410	410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. Based on record review and interview, the facility failed to ensure residents received first and second step PPDs (tuberculin skin test screening) at the time of or prior to admission to the facility for 3 of 6 residents reviewed for PPD tests in a sample of 8 (Residents # 8, # 17, and # 202). Findings include: 1. The record for Resident # 8 was reviewed on 10/9/12 at 1:45 P.M. Diagnoses included, but were not limited	R0410	A record review of all current residents was conducted to identify residents who had not receive Mantoux testing per R0410. Residents identified have begun the Mantoux, 2-step method at the time of submission of this Plan of Correction.A "TB Screening Master Log" has been created to include all current residents.A "New Resident Checklist" has been developed to include 1st Step PPD, when necessary 2nd Step PPD, or CXR as required. New residents will be added to the TB Screening Master Log at the time of admission.The "New Resident	10/29/2012

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	to, multiple sclerosis, depressive disorder, epilepsy, osteoarthritis, and cardiac murmur. Resident # 8 was admitted to the facility on 6/1/12. The "Resident Immunization Health History Form" lacked documentation of any PPD being administered. The "Tuberculosis Testing" form indicated the resident received a PPD on 9/26/12. 2. The record for Resident # 17 was reviewed on 10/9/12 at 12:35 P.M. Diagnoses included, but were not limited to, diabetes mellitus, end stage renal disease, chronic obstructive pulmonary disease, hypertension, anemia, and chronic ischemic heart disease. Resident # 17 was admitted to the facility on 8/30/12. The "Tuberculosis Testing" form was dated 9/26/12, and handwritten across it was written "Refused". Another "Tuberculosis Testing" form, dated 9/4/12, indicated the administration and reading of a PPD. A "TB Screening/Risk Assessment" form		Checklist" will be reviewed within 72 hours of admission, and a second review will occur no later than three weeks from admission, reviews will be conducted by the Executive Director or designee.Ongoing	

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	from Resident # 17's previous facility indicated 1st and 2nd step PPDs were administered on 10/14/1 and 10/31/11. 3. The record for Resident # 202 was reviewed on 10/10/12 at 2:40 P.M. Diagnoses included, but were not limited to, anoxic brain injury, blindness and low vision, hypertension, peripheral neuropathy, and anemia. Resident # 202 was admitted to the facility on 12/28/11. The "Home Discharge Instructions" form from a previous facility was present in the record, which indicated a PPD had been given in October, 2011. The facility "Tuberculosis Testing" form indicated a PPD was administered on 9/26/12. During an interview with the RCS (Resident Care Supervisor) on 10/10/12 at 3:30 P.M., she indicated she realized there was a problem with the TB testing. During the daily conference with the Administrator on 10/9/12 at 4:30 P.M., a request was made for more information or any other PPD test done for Residents # 8 and #17.			

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF INDIANAPOLIS	7365 E 16TH ST INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	At the time of the final exit conference with the Administrator on 10/11/12, no other information was made available. A current facility policy, dated 9/08, provided by the Administrator on 10/10/12 at 8:30 A.M., titled "Resident Screening for Tuberculosis" indicated: "... (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission ... (f) For residents who have not had a documented negative tuberculin skin test result during the previous twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test..."			